

**The North Carolina Structural Pest Committee issued a directive effective immediately (8-11-2008). All persons applying to take the license exam must submit a Criminal Background Check with your 9 page application. Here are the procedures.**

**Federal Record Check**

FBI Record Request  
1000 Custer Hollow Rd.  
Clarksburg West Virginia, 26306

- 1) Go to local law enforcement/ sheriff's office.
- 2) Request Finger Print Card and finger print (There will be fee for fingerprinting.)
- 3) Obtain an \$18.00 Money Order written to : Treasurer of the United States
- 4) Submit:     Finger Print Card  
                 Money Order  
         Cover Letter:     Full Legal Name  
                                 Current Address  
                                 Phone Number  
                                 Reason for Request: (i.e. licensing requirement)
- 5) Place information in envelope and mail to:     **FBI Record Request**  
   **1000 Custer Hollow Rd.**  
   **Clarksburg West Virginia, 26306**  
   **Phone # 304-625-5590**
- 6) In 3-4 weeks, you should have a report returned from the FBI.
- 7) Submit this report along with the completed 9 page application to:

**NCDA&CS-Structural Pest Control Section**  
**Box 1090 Mail Service Center (MSC)**  
**Raleigh, NC 27699-1090**



10. Have you ever held a valid North Carolina certified applicator's (CA) card or equivalent thereto?

Yes \_\_\_\_ No \_\_\_\_ If yes, give CA number and phase(s) \_\_\_\_\_. Expiration date \_\_\_\_\_.

Have you ever held a valid CA card or equivalent thereto from any other state? Yes \_\_\_\_ No \_\_\_\_

If yes, complete the following:

	<b>Type(s) or Phase (s) Cards Held</b>	<b>How CA Card Obtained (Exam, etc.)</b>	<b>Issuing Agency (ies) and Name of State</b>	<b>Date(s) Issued</b>	<b>Expiration CA Date(s)</b>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

11. Have you ever held a valid North Carolina structural pest control license? Yes\_\_ No \_\_

If yes, give license number and phase(s) held \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you ever held a valid structural pest control license or equivalent thereto from any other state?

Yes \_\_\_\_ No \_\_\_\_\_. If yes, complete the following:

	<b>Type(s) or Phases(s) License(s) Held</b>	<b>How License Obtained (Exam or GFC)</b>	<b>Issuing Agency(ies) and Name of State</b>	<b>Date(s) Issued</b>	<b>Expiration Date(s)</b>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

12. Have you ever had a structural pest control license or certified applicator's (CA) card or equivalent thereto, suspended or revoked by any state of the U.S.?

Yes \_\_\_\_ No \_\_\_\_ If yes, complete the following:

	<b>Type of License/CA Card Suspended or Revoked</b>	<b>Specify Whether License/ CA Card Suspended or Revoked</b>	<b>Date of Suspension or Revocation</b>	<b>Agency (ies) Which Suspended or Revoked License/CA Card and Name of State</b>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

13. We, the undersigned citizens, hereby Certify to the good moral character and temperate habits of this applicant (Recommendations must be from reputable citizens who are not related to the applicant by either consanguinity or affinity. Signatures must be authentic and made by the individual so named.):

a. Signed \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street or P.O. Box) (State) (Zip Code)

b. Signed \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street or P.O. Box) (State) (Zip Code)

c. Signed \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street or P.O. Box) (State) (Zip Code)

Signed (Applicant) \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_

QUESTIONNAIRE  
(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

1. Name of applicant: \_\_\_\_\_

2. Name of company and location you will operate from in this state should you secure a North Carolina

structural pest control license: \_\_\_\_\_  
(Company Name) (Street and No. or RFD) (City)

\_\_\_\_\_  
(State) (Zip Code) (County)

3. Date above company was organized: \_\_\_\_\_, 20\_\_

4. Is this company incorporated? Yes\_\_ No\_\_ If yes, complete the following:

The trade name of the company is registered in \_\_\_\_\_ (County), \_\_\_\_\_ (State).

5. List previous addresses of this company's branch office and length of time at each address for the past ten years:

a. \_\_\_\_\_ From \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_  
(Street and No. or RFD) (City) (State)

b. \_\_\_\_\_ From \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_  
(Street and No. or RFD) (City) (State)

c. \_\_\_\_\_ From \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_  
(Street and No. or RFD) (City) (State)

d. \_\_\_\_\_ From \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_  
(Street and No. or RFD) (City) (State)

6. List the names and addresses of the officers or owners of this company:

a. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

b. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

c. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

d. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

7. Beginning with the present date, list your entire employment record for the past ten years. Include each employer and location for which you have worked in the field of structural pest control along with his/her license number and the state(s) in which a structural control license was held while working for that company. **Also include any employment you have had outside structural pest control during the ten year period.**

a. Employer \_\_\_\_\_ Date(s) employed: From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_

Licensee's Name (if applicable) \_\_\_\_\_ License Number (if applicable) \_\_\_\_\_

Address of employer \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

b. Employer \_\_\_\_\_ Date(s) employed: From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_

Licensee's Name (if applicable) \_\_\_\_\_ License Number (if applicable) \_\_\_\_\_

Address of employer \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

c. Employer \_\_\_\_\_ Date(s) employed: From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_

Licensee's Name (if applicable) \_\_\_\_\_ License Number (if applicable) \_\_\_\_\_

Address of employer \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

d. Employer \_\_\_\_\_ Date(s) employed: From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_, 20\_\_\_\_

Licensee's Name (if applicable) \_\_\_\_\_ License Number (if applicable) \_\_\_\_\_

Address of employer \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

**(Use additional pages if necessary to give complete ten-year employment history)**

8. Are you making application for examination on the basis of having two years practical experience as a service employee in the control of household pests, the control of wood-destroying organisms and/or fumigation? Yes \_\_\_No \_\_\_ If yes, complete the following: Number of years of experience in the control of household Pests (\_\_\_\_ years), in the control of wood-destroying organisms (\_\_\_\_ years), fumigation (\_\_\_\_ years). *Attach to this questionnaire, affidavits from employers for which you have worked for at least two years as a service employee in each of the phases of structural pest control in which you wish to be examined* (Use the enclosed affidavit, Found on page 9).

**NOTE: 2NCAC 34.0302 Authorizes the Division to make such investigations as it deems necessary to verify an applicant's qualifications. If no licensee/employer affidavit is submitted, the Division will contact current/previous licensees/employers for whom you indicate you have worked for at least two years.**

9. Are you making application for examination on the basis of having two years practical experience as an owner-operator in the control of household pests, the control of wood-destroying organisms or fumigation? Yes \_\_\_No \_\_\_ If yes, complete the following: Number of years experience as an owner-operator), the control of household pests (\_\_\_\_ years), the control of wood-destroying organisms (\_\_\_\_ years), fumigation (\_\_\_\_ years).

*For self-employed applicants, in lieu of the employer's affidavit, Section 4, Page 1, please attach notarized letters from customers you have serviced. Letters should indicate you have a minimum of 2 years' experience in each of the phases of structural pest control in which you wish to be examined.*

**NOTE: 2NCAC 34.0302 Authorizes the Division to make such investigations as it deems necessary to verify an applicant's qualifications. If no licensee/employer affidavit is submitted, the Division will contact current/previous licensees/employers for whom you indicate you have worked for at least two years.**

10. Education

a. Name of high school attended: \_\_\_\_\_

Address of high school \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

Did you graduate? Yes \_\_\_ No \_\_\_ year graduated \_\_\_\_\_

b. Did you attend a college or some other type of institution? Yes \_\_\_ No \_\_\_ If Yes, complete the following (If you desire your college or university training in structural pest control or related fields to be considered as evidence of your qualifications, submit with this application a certified record of such training):

(1) Name of college, etc. \_\_\_\_\_

Address \_\_\_\_\_ Major subject \_\_\_\_\_  
(Street and No. or RFD) (City) (State)

Year(s) attended \_\_\_\_\_ Year graduated \_\_\_\_\_ Degree(s) Received \_\_\_\_\_

(2) Name of college, etc. \_\_\_\_\_

Address \_\_\_\_\_ Major subject \_\_\_\_\_  
(Street and No. or RFD) (City) (State)

Year(s) attended \_\_\_\_\_ Year graduated \_\_\_\_\_ Degree(s) Received \_\_\_\_\_

c. Other formal training (list type of training, source of training and date(s) of training) \_\_\_\_\_

d. Other qualifying experience \_\_\_\_\_

11. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF HOUSEHOLD PESTS, complete the following:

Name of Pests	Years Experience In Controlling	Pesticides Currently Used Name of Pests (List by Brand name only)
a. Ants	_____	_____
b. American Roaches	_____	_____
c. Brown-Banded Roaches	_____	_____
d. Clothes Moths	_____	_____
e. Fleas	_____	_____
f. German Roaches	_____	_____
g. House flies	_____	_____
h. Mice	_____	_____
i. Millipedes	_____	_____
j. Rats	_____	_____
k. Sawtoothed Grain Beetle	_____	_____
l. Silverfish	_____	_____
m. Wasps	_____	_____

12. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF WOOD-DESTROYING ORGANISMS, complete the following:

Name of Pests	Years Experience In Controlling	Pesticides Currently Used Name of Pests (List by Brand name only)
a. Carpenter Ants	_____	_____
b. Carpenter Bees	_____	_____
c. Dry Wood Termites	_____	_____
d. Old House Borers	_____	_____
e. Powder-Post Beetles	_____	_____
f. Subterranean Termites	_____	_____
g. Wood-Decay Fungi	_____	_____

13. If you are applying to take the examination for a FUMIGATION LICENSE, complete the following:

Fumigants	Number of Years Experience With	Type of gas Mask used	Type of Fumigants Canister used
a. Chloropicrin	_____	_____	_____
b. Methyl Bromide	_____	_____	_____
c. Phostoxin	_____	_____	_____
d. Vikane	_____	_____	_____
e. Other Fumigants (List):	_____	_____	_____

Signed (Applicant) \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_

VITAL INFORMATION ON LICENSE APPLICANT  
(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

Name \_\_\_\_\_, 20 \_\_\_\_  
(Last Name) (First Name) (Middle Name) (Date)

Business address \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

Residence \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

Place of Birth \_\_\_\_\_  
(Street and No. or RFD) (City) (State) (Zip Code)

Nationality \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Complexion \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Weight \_\_\_\_\_ Build \_\_\_\_\_

Scars & Marks \_\_\_\_\_

Have you ever been convicted of a felony? ☐ If yes, state where and when.  
(Do not include minor traffic violations) yes no

Have your ever been arrested or convicted otherwise? ☐  
(Do not include minor traffic violations) yes no

**If answer is yes, list all arrests and/or convictions. Failure to completely and accurately identify any arrest and/or conviction may result in the rejection of your application.**

Charge	Date of Arrest	Place	Disposition or Sentence



State of \_\_\_\_\_ )  
 )  
County of \_\_\_\_\_ )

\_\_\_\_\_ after  
(Applicant's Name)

being duly sworn on his oath deposes and says that he has read Parts 1, 2, and 3 of the above and foregoing application and that the statements and answers contained therein are true and correct. Applicant further acknowledges that an application which contains false, misleading or incomplete statements and answers shall not be considered a properly completed application for examination for purposes of meeting the pre-registration requirements.

*Affix here a 2 1/2" x 2 1/2" "clear full-face head and shoulder photograph taken within the preceding 12 months"*

\_\_\_\_\_  
(Applicant's Signature)

**Notary please impress seal on both signature and edge of photo. Please do not deface photo.**

Subscribed and Sworn before me this \_\_\_\_\_)

day of \_\_\_\_\_, 20 \_\_\_\_)

\_\_\_\_\_) Notary Public

My commission expires \_\_\_\_\_

**EMPLOYER'S AFFIDAVIT**

(This affidavit **must** be completed by applicant's employer)

1. State of \_\_\_\_\_ )  
\_\_\_\_\_ )
2. County of \_\_\_\_\_ )
3. I hereby certify that \_\_\_\_\_ was
4. in my employ as a \_\_\_\_\_ and  
was engaged in the following kind of work (Specify exact duties Performed). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date(s) Employed (**Exact Dates**): From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. List Additional Employment  
Dates If Applicable: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Did employee mix and apply chemicals for the control of:
8. Household pests: Yes \_\_\_\_\_ No \_\_\_\_\_; Full time \_\_\_\_\_ \*Part time \_\_\_\_\_
9. Average number of jobs treated monthly (approx.): \_\_\_\_\_
10. Wood-destroying Organisms: Yes \_\_\_\_\_ No \_\_\_\_\_; Full time \_\_\_\_\_ \*Part time \_\_\_\_\_
11. Average number of jobs treated monthly (approx.): \_\_\_\_\_
12. Did employee participate in fumigation work:  
Yes \_\_\_\_\_ No \_\_\_\_\_; Full time \_\_\_\_\_ \*Part time \_\_\_\_\_
13. Average number of fumigation jobs participated in yearly (approx.): \_\_\_\_\_
14. \* Explain part time work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

Employer's Full Name: \_\_\_\_\_  
(Print or Type)

Employer's Position/Job Title: \_\_\_\_\_

Signature of Employer \_\_\_\_\_

(NOTE: Must be Signed By Employer and Not His/Her Agent.)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and type of business \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**NOTARY  
SEAL**

\_\_\_\_\_  
(Signature of Notary, Public) SEAL

My Commission expires \_\_\_\_\_